

FOR DEPARTMENT USE ONLY

LICENSE NUMBER: _____

STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
MOTOR FUEL TAX ADMINISTRATION
P. O. DRAWER E
DOVER, DE 19903-1565

FOR DEPARTMENT USE ONLY

FEE \$10.00

YEAR ENDING: JUNE 30, 2001

APPLICATION FOR GASOLINE DISTRIBUTOR LICENSE

Please check the appropriate box: ☐ New application ☐ Renewal application

PLEASE NOTE: ALL QUESTIONS MUST BE ANSWERED AND NECESSARY ADDITIONAL DOCUMENTATION ATTACHED TO PROCESS THIS LICENSE APPLICATION. PLEASE PRINT ALL ANSWERS CLEARLY.

1. Legal name of applicant:

2. Trade name, if different from legal name:

3. Primary physical business location address (Not P.O. Box):

Street: City: State: Zip Code:

4. Mailing address (if different from business location):

Street or P. O. Box: City: State: Zip Code:

5. Location of records (if different from business location):

Street: City: State: Zip Code:

6. Federal employer identification number or individual proprietor's SSN:

7. Telephone number: -- Fax number: --

8. If we have questions regarding this application, who should we contact?

Name: _____ Telephone number: --

9. Business type: (check one) Individual ☐ Corporation ☐ General Partnership ☐ Limited Partnership ☐
Limited Liability Company ☐ S Corporation ☐

10. If the applicant business is incorporated under the laws of another state, please attach a certified copy of the certificate issued by the Delaware Secretary of State showing that the corporation is authorized to transact business in Delaware.

11. If individual, give proprietor name, address, & SSN. If partnership, give name, address, & SSN of each partner. If corporation, give names, titles, addresses, & SSN's of corporate officers (President, Vice President, Secretary, Treasurer)

Name/Title

Address

Social Security #

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12. Has the applicant ever applied for a Delaware Distributor license in the past?
Yes ☐ No ☐ If yes, please specify which calendar year: _____

13. Has the applicant's individual partners or corporate officers ever applied for a Delaware Distributor license in the past?
Yes ☐ No ☐ N/A ☐ If yes, under what name: _____
Please specify which calendar year: _____

14. Does the applicant operate only in Delaware? Date business started in Delaware:
Yes ☐ No ☐ _____
MONTH DAY YEAR

15. List below each location that is owned and/or leased by the applicant within Delaware, and identify status ("O" for Owned, "L" for Leased). Please classify each location as Manufacturer/Refinery, Wholesale Distribution Plant, or Retail Facility. Use the letter "M" for Manufacturer/Refinery, "W" for Wholesale Distribution Plant, and "R" for Retail. Please note that more than one letter may be used for each location. In addition, please classify the shipment method of each location as: Own Vehicle, Pipeline, Barge, Vessel, Or Common Carrier (for retail-only locations, indicate "N/A" for Distribution).

<u>OWNERSHIP STATUS</u>	<u>LOCATION LETTER</u>	<u>PHYSICAL LOCATION OF PROPERTY (STREET, CITY)</u>	<u>INDICATE SHIPMENT METHOD : RECEIPTS</u>	<u>DISTRIBUTION</u>	<u>GASOLINE STORAGE CAPACITY</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

16. What type of fuel business does the applicant operate in Delaware? Check all that apply:

	<u>GASOLINE</u>	<u>AVIATION GASOLINE</u>
Refinery/Manufacturing	<input type="checkbox"/>	<input type="checkbox"/>
Terminal rack sales	<input type="checkbox"/>	<input type="checkbox"/>
Tank wagon sales to residential & commercial accts.	<input type="checkbox"/>	<input type="checkbox"/>
Transport sales to residential & commercial accts.	<input type="checkbox"/>	<input type="checkbox"/>
Company owned retail service stations	<input type="checkbox"/>	<input type="checkbox"/>
Sales to commissioned/consignment retail stations	<input type="checkbox"/>	<input type="checkbox"/>
Exchange agreement transactions	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

17. Will the applicant be importing gasoline and/or aviation gasoline into Delaware? Yes ☐ No ☐

If yes, will the applicant be hiring a common carrier to import the product? Yes ☐ No ☐

If yes, please list the name, federal identification number, and telephone number of the common carrier:

<u>Carrier Name</u>	<u>FEI Number</u>	<u>Telephone Number</u>
_____	_____	□□□-□□□-□□□□
_____	_____	□□□-□□□-□□□□
_____	_____	□□□-□□□-□□□□

18. List the states from which the applicant will import gasoline and/or aviation gasoline into Delaware, & the applicant's license number in that state:

State Name

License Number

19. List the states to which the applicant will export gasoline and/or aviation gasoline from Delaware supply points, & the applicant's license number in that state:

State Name

License Number

20. Provide the following information about suppliers & exchange partners, which only affect Delaware, from whom the applicant purchases gasoline and/or aviation gasoline. Attach another page if more space is required:

<u>Company Name</u>	<u>Shipping Point</u>	<u>Shipping Dest.</u>	<u>Type of Relationship</u>	
			<u>Supplier</u>	<u>Exchange Partner</u>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

21. Indicate the number of retail service stations operated by the applicant in Delaware _____

22. Estimate the number of retail service stations the applicant supplies in Delaware _____

23. Does the applicant transport gasoline and/or aviation gasoline for hire in Delaware? Yes ☐ No ☐

24. Does the applicant have off highway gasoline powered equipment which is fueled in DE? Yes ☐ No ☐
If yes, please estimate how many: _____

25. Estimate the number of gallons of gasoline and/or aviation gasoline that will be sold or used by the applicant during **an average month**:

	<u>Taxable Gasoline</u>	<u>Taxable Aviation Gas</u>
Average Gallons Per Month - Sales	_____	_____
Average Gallons Per Month - Use	_____	_____
Average Total Gallons - Sales & Use	_____	_____

26. Please record the date that the applicant began using and/or selling taxable gasoline in Delaware. _____

27. Does this application involve a change in the company's legal name or federal identification number? Yes ☐ No ☐
If yes, list the previous name and number.

Company name _____

Federal employer identification number or social security number: _____

28. Does the application involve the takeover and continuation of another business? Yes ☐ No ☐

If yes, list the following:.

Company name _____

Federal employer identification number or social security number: _____

29. Have all persons responsible for reportable fuel activity read the Motor Fuel Tax Law (Chap. 51, Title 30, DE. Code) and do these persons understand its provisions? Yes ☐ No ☐

30. Have any individuals identified in Item 11 of this application ever been convicted of a felony? Yes ☐ No ☐

Please provide copies of the criminal history records that detail the nature of the felony and the current status of any related sentencing provision. Please note that a "Yes" response to this question will not necessarily disqualify the applicant.

Before signing, please read the following statement carefully: Any false or substantive omission of information may be cause for rejection of application, or revocation of license (if license approval has been granted).

I (we), certify under penalty provided by law, that the statements made and the information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

Authorized Name (Please Print)

Authorized Signature

Authorized Individual Title

Date of Application